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BILLING AUTHORIZATION

If you are unable to attend an appointment, a 48-hour notice is required to avoid any charges. If an appointment is canceled with less than 48-hour notice or missed, then the client will be billed directly. The client is responsible for full payment of the session. Health care plans do not cover payment for this. For late arrivals, clients will be billed directly for the missed time at the full session rate. Fees for longer sessions are also prorated. Directions: Initial next to each statement and complete the credit or debit card information below.

Signature on File

1. ____ I agree and authorize the office of Dr. Kimberly Tangen to charge the credit or debit card indicated below for any account balances.
2. ____ Account balances include but are not limited to copays, co-insurance, balances not covered by the carrier, fees for late cancellations or missed appointments.
3. ____ Account balances are charged on the same date of the scheduled service.
4. ____ I authorize the office of Dr. Kimberly Tangen to process the credit or debit card as a *Signature on File* for any balance due on my account.
5. ____ I would like a receipt sent to me for the billed charges. My email address or text number is:

Credit Card Information

	Credit Card Information
Name on the Credit Card	
Type of Credit Card	
16-Digit Card Number	
Month & Year of Expiration	
3-Digit Security Code <i>(on the back of the card)</i>	
Billing Zip Code	

Client (or Personal Representative) Signature

Print Name & Date